

JUL 29 2005

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**Date:** 29 July 2005 **Pages:** 26

**To:** Examiner Michael J. Zanelli **From:** Brian C. Altmiller

**Company:** USPTO, Art Unit 3611

**Fax No.:** 571-273-8300

**Subject:** Response to Office Action: App. Serial No. 10/279,936 (Atty. Dkt. 01-516)

**Comments:**

Applicant: ITO et al.

Atty. Dkt.: 01-516

Serial No.: 10/729,936

Art Unit: 3661

Filed: 12/9/2003

Examiner: ZANELLI

Title: MAP EVALUATION SYSTEM,  
COLLATION DEVICE, AND MAP  
EVALUATION DEVICE

Confirmation No.: 2400

Mail Stop Amendment  
Commissioner for Patents  
U.S. Patent and Trademark Office  
Customer Window, Mail Stop Amendment  
Randolph Building  
401 Dulany St.  
Alexandria, VA 22314

Date: 29 July 2005

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Typed Name: BRIAN C. ALTMILLER


Signature: 

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This Form Based on PTO/SB/21

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/729,938
	Filing Date	December 9, 2003
	First Named Inventor	ITO
	Group Art Unit	3881
	Examiner Name	Michael J. Zanelli
	Attorney Docket Number	1-518

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.63	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below):    
Remarks:  		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Posz Law Group, PLC BRIAN C. ALTMILLER (Reg. No. 37,271)
Signature	
Date	29 JULY 2005

## CERTIFICATE OF FACSIMILE TRANSMISSION

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p. 3

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PTO/SB/17 (12-04)  
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<p>Effective on 12/8/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2005</h3>		<p><b>Complete if Known</b></p>	
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Application Number	
		Filing Date	
		First Named Inventor	
		Examiner Name	
		Art Unit	
TOTAL AMOUNT OF PAYMENT		(\$) <b>170</b>	
Attorney Docket No.		<b>1-616</b>	


  

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Note <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <b>50-1147</b> Deposit Account Name: <b>Posz Law Group, PLC</b> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charges fee(s) indicated below, except for the filing fee	
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<b>FEE CALCULATION</b>																					
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																					
	FILING FEES		SEARCH FEES		EXAMINATION FEES																
		Small Entity		Small Entity	Small Entity																
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)														
Utility	300	150	500	250	200	100															
Design	200	100	100	50	130	65															
Plant	200	100	300	150	160	80															
Reissue	300	150	600	250	600	300															
Provisional	180	80	0	0	0	0															
<b>2. EXCESS CLAIM FEES</b>																					
<b>Fee Description</b>							Small Entity														
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							Fee (\$)														
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							Fee (\$)														
Multiple dependent claims							Fee (\$)														
<table border="0" style="width: 100%;"> <tr> <td><b>Total Claims</b></td> <td><b>Extra Claims</b></td> <td><b>Fee (\$)</b></td> <td><b>Fees Paid (\$)</b></td> <td><b>Multiple Dependent Claims</b></td> <td><b>Fee (\$)</b></td> <td><b>Fees Paid (\$)</b></td> </tr> <tr> <td>21</td> <td>- 20 or HP = 1</td> <td>x \$50</td> <td>= \$50</td> <td></td> <td></td> <td></td> </tr> </table>							<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>	21	- 20 or HP = 1	x \$50	= \$50				
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>															
21	- 20 or HP = 1	x \$50	= \$50																		
<table border="0" style="width: 100%;"> <tr> <td><b>Indep. Claims</b></td> <td><b>Extra Claims</b></td> <td><b>Fee (\$)</b></td> <td><b>Fees Paid (\$)</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>8</td> <td>- 9 or HP = 0</td> <td>x \$200</td> <td>= \$0</td> <td></td> <td></td> <td></td> </tr> </table>							<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>				8	- 9 or HP = 0	x \$200	= \$0				
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>																		
8	- 9 or HP = 0	x \$200	= \$0																		
HP = highest number of total claims paid for, if greater than 20 HP = highest number of independent claims paid for, if greater than 3																					
<b>3. APPLICATION SIZE FEE</b>																					
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ _____ (\$ for small entity)																					
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).																					
<table border="0" style="width: 100%;"> <tr> <td><b>Total Sheets</b></td> <td><b>Extra Sheets</b></td> <td><b>Number of each additional 50 or fraction thereof</b></td> <td><b>Fee (\$)</b></td> <td><b>Fees Paid (\$)</b></td> </tr> <tr> <td>- 100 =</td> <td>/ 50 =</td> <td>(round up to a whole number) x</td> <td>=</td> <td>\$0</td> </tr> </table>								<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>	- 100 =	/ 50 =	(round up to a whole number) x	=	\$0				
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>																	
- 100 =	/ 50 =	(round up to a whole number) x	=	\$0																	
<b>4. OTHER FEE(S)</b>																					
Non-English Specification, \$130 fee (no small entity discount)																					
Other: <u>One-Month Extension of Time</u>																					
<b>\$120</b>																					

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	Telephone
Name (Print/Type)	BRIAN O. ALTMILLER	37,271	(703) 707-8110
		Date	July 29, 2005

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. The collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Typed Name: BRIAN C. ALTMILLER

Signature: AMENDMENT UNDER 37 CFR 1.111

Sir:

In response to the office action mailed April 21, 2005, the period for response to which has been extended through August 22, 2005, (August 21, 2005, being a Sunday) by the filing of a petition for extension of time, please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks begin on page 16 of this paper.

08/02/2005 MBINAS 00000012 501147 10729936  
02 FC:1202 50.00 DA